CERTIFICATE OF ASSUMED BUSINESS NAME

for persons (sole proprietorships, associations, or general partnerships) engaged in business under a name other than their own (DBA)

NAME OF BUSINESS:		
NATURE OF BUSINESS:		
ADDRESS OF BUSINESS:		
PRINTED NAMES AND RES	IDENCES OF MEMBER	
	at	
	at	
Member's Signature	Printed Name	Capacity
SECTION TO BE COMPLETED BY/IN PR I hereby certify that I have personal knowledge STATE OF INDIANA, COUNTY OF	of the facts stated above and that ea	ch of them are true.
Subscribed and sworn to before me, this	s day of	, 20 Franklin
Signature of Notary/Recorder	Printed Name	County of Residence
	(Notaries only) my commission	expires
FORM PREPARED BY: _		
"I affirm under the penalties for perjury Security number in this document, unle		care to redact each Social
		(Name)